


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 816683 1. Entity Name PEOPLE-TO-PEOPLE HEALTH FOUNDATION INC.						FILED 04 APR 19 PM 2:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 255 CARTER HALL LANE MILLWOOD, VA 22646				Mailing Address 255 CARTER HALL LANE MILLWOOD, VA 22646			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				4. FEI Number 53-0242962			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees				Make check payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB SANDERS, CHARLES A. EUROPA CENTER, 100 EUROPA DR #170 CHAPEL HILLS, NC 27514			TITLE NAME STREET ADDRESS CITY-ST-ZIP	500033410755 04/21/04--01027--019 **96.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO IWIG, DEBORAH R 255 CARTER HALL LANE MILLWOOD, VA 22646			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO HOWE, JOHN P III, MD 255 CARTER HALL LANE MILLWOOD, VA 22646			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HENRY, WILLIAM L. 1229 WASHINGTON STREET PITTSBURGH, PA 15228			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLMES, BEN L 1226 DEER RUN KETCHUM, ID 83340			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS OGDEN, DAYTON 695 EAST MAIN STREET STAMFORD, CT 06901			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Deborah R. Iwig</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/16/04 540-837-2100 <small>Date Daytime Phone #</small>			